



MANAGEMENT OF CHANGE FORM
(REFER TO PROCEDURE EHS-I-006 FOR EXPLANATION OF THIS FORM)

PROCESS UNIT/AREA: Utilities Fire system
ORIGINATOR: Rich Ploch/Martin K.

MOC#: 155225
DATE: 01/31/2014

SECTION A - TECHNICAL BASIS FOR PROPOSED CHANGE			
Purpose and Technical Basis:	Install a new PIV shutoff unit on south plant side fire system		
Description: <i>Attach additional paper if necessary</i>	Install a new PIV on the underground fireline system between current PIV numbers 26 & 24. <i>Location</i> will be near the south property fence line near the railgate. This will allow for better water flow control & future isolation ability given the current poor condition of the other two PIV's listed above.		
Impact of change On Environmental Health / Safety:	N/A		
SECTION B - DOCUMENTATION - Attach appropriate documentation illustrating proposed changes			
<input type="checkbox"/> Procedures <input type="checkbox"/> PSM Documentation <input type="checkbox"/> MSDS Information <input type="checkbox"/> Training/Communication <input type="checkbox"/> Quality Issues <input type="checkbox"/> Customer Impact <input type="checkbox"/> Alarm Response Tables <input type="checkbox"/> Other	<input type="checkbox"/> Inspections, Testing, PM's <input type="checkbox"/> CHEMGEMS Specifications <input type="checkbox"/> Energy Control Plans <input type="checkbox"/> Floor Plans <input type="checkbox"/> Mechanical Integrity DWGS <input type="checkbox"/> Electrical Schematics <input type="checkbox"/> Loop DWGS <input type="checkbox"/> JSA's	<input type="checkbox"/> Engineering DWGS <input checked="" type="checkbox"/> P&ID's <input type="checkbox"/> PFD's <input type="checkbox"/> LDAR <input checked="" type="checkbox"/> Site/Plot Plan <input type="checkbox"/> Electrical Single Lines <input type="checkbox"/> Elect'l Classification <input type="checkbox"/> OJT's	<input type="checkbox"/> PHA'S <input type="checkbox"/> MI Applicability Checklist
Affected Personnel Needing To Be Informed/Trained On Proposed Change			
<input checked="" type="checkbox"/> Operations <input checked="" type="checkbox"/> Production Facilitators <input checked="" type="checkbox"/> Mechanics/Welders <input type="checkbox"/> Electricians	<input type="checkbox"/> I/E Technicians <input type="checkbox"/> Engineering <input type="checkbox"/> Contractor(s) <input type="checkbox"/> Office Personnel	<input type="checkbox"/> Community <input type="checkbox"/> Regulatory Entities <input type="checkbox"/> Corporate <input type="checkbox"/> Other	
SECTION C - Is Change Permanent?		SECTION D - Is Change Temporary ?	
<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Proposed Project Start Date 02/03/2014 Proposed Project Completion Date 02/28/2014	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	From: To:
SECTION E - Is Change Emergency ?		Returned To Original Service: ____/____/____	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> NO	Start:	Area Manager/Designee Signature: _____	
Approval Received From: <input type="checkbox"/> Area Mgr./Designee <input type="checkbox"/> Env. Mgr. /Designee <input type="checkbox"/> Plant Mgr./Designee (if requested) <input type="checkbox"/> Engineering/Maint. Mgr./Designee <input type="checkbox"/> H&S Mgr./Designee		Extended To: ____/____/____ *	
Approval Received By: _____ Signature Date		Plant Managers Approval: Plant Mgr./ Signature Date	
		*Note: Temporary MOCAs may be extended up to 6 months at a time	

SECTION F - DESIGN SAFETY REVIEW

PHA. Does the proposed change require a PHA? (i.e. What-if/Checklist, Hazop, Revalidation, Review) If yes indicate type of PHA in Action to be Taken section.

☐ YES

☒ NO

PSSR. Does the proposed change require a Pre-Start-up Safety Review (PSSR)? See EHS-I-067 for Requirements. Mandatory if change involves DCS Interface.

☒ YES

☐ NO

1. RELIEF AND BLOWDOWN

Does the Proposed Change:

YES

NO

1. Introduce or alter any potential cause of over/under pressurizing of the system? ☐ YES ☒ NO
2. In any way affect existing equipment installed to prevent over/under pressurization? ☐ YES ☒ NO
3. Introduce or alter any potential cause of raising/lowering the system temperature? ☐ YES ☒ NO
4. Introduce a risk of creating/reducing vacuum in the system? ☐ YES ☒ NO
5. Have any critical relief devices been identified for verification of proper rating and installation? ☐ YES ☒ NO

2. AREA CLASSIFICATION

Does the Proposed Change:

YES

NO

1. Introduce or alter the storage of flammable materials? ☐ YES ☒ NO
2. Introduce or alter the location of potential leaks of flammable materials? ☐ YES ☒ NO
3. Introduce new or alter existing electrical equipment? ☐ YES ☒ NO
4. Affect area ventilation? ☐ YES ☒ NO
5. Has the established building electrical classification been changed? ☐ YES ☒ NO

3. SAFETY CONSIDERATIONS

Does the Proposed Change:

YES

NO

1. Require any additional safety equipment or layers of protection? ☐ YES ☒ NO
2. Alter or affect existing safety equipment or means of egress? ☐ YES ☒ NO
3. Require changes to the function or independence of existing equipment or layers of protection? ☐ YES ☒ NO
4. Alter or affect critical safety instrumented functions (SIF's)? ☐ YES ☒ NO
5. Alter the noise level in the surrounding area? ☐ YES ☒ NO
6. Increase the potential for exposure to any chemicals? ☐ YES ☒ NO
7. Introduce a new or previously unused chemical/raw material? ☐ YES ☒ NO
8. Affect de-energization? (able to lock-out, drain materials) ☐ YES ☒ NO
9. Create any ergonomic concerns? ☐ YES ☒ NO
10. Affect the Battery Limit Valves (BLV)? ☐ YES ☒ NO
11. Affect the overall security of the facility? ☐ YES ☒ NO
12. Does this increase the risk of potential impact to plant personnel (employees and contractors)? ☐ YES ☒ NO
13. Does the proposed change affect facility siting relative to both people and equipment in any of the following situations: temporary changes, before startup after a permanent change, or before startup after temporary change has been removed/closed/returned to original condition? ☐ YES ☒ NO
14. If the proposed change affects replacement or demolition of piping or conduit, will the entire run be identified and clearly marked prior to work, to ensure safe work activity? ☒ YES ☐ NO
15. Affect the safe transport of hazardous material? For ex., introducing a new hazardous material for transport or changing the method of transportation of the hazardous material. ☐ YES ☒ NO

4. ENVIRONMENTAL AND QUALITY CONSIDERATIONS

Does the Proposed Change:

YES

NO

1. Alter the composition or amount of a process water? ☐ YES ☒ NO
2. Increase the emissions of any regulated pollutant? ☐ YES ☒ NO
3. Require a new or modified operating/construction permit? ☐ YES ☒ NO
4. Affect the control of the process? ☐ YES ☒ NO
5. Affect the composition or physical properties of the final product? ☐ YES ☒ NO
6. Impact any Pentane/Styrene components in the Leak Detection and Repair (LDAR) Program? ☐ YES ☒ NO
7. Increase risk of off-site residential & environmental receptors? ☐ YES ☒ NO
8. Introduce new materials/chemicals to the site? ☐ YES ☒ NO
9. Does an evaluation of chemical compatibility need to be conducted? ☐ YES ☒ NO
10. Involve decommissioning/demolition of equipment or structures? ☐ YES ☒ NO
11. If answered YES to question 10, do NESHAP or decontamination requirements apply? ** ☐ YES ☒ NO
12. Will this change require portable engines to be brought on to FHR property? ☐ YES ☒ NO

** Consult with Environmental Engineer for completion of this question.

SECTION F - DESIGN SAFETY REVIEW -- cont.

5. OPERATION AND DESIGN

Does the Proposed Change:

1. Affect the process or equipment upstream/downstream of the change?
2. Affect access to process or equipment/controls for personnel?
3. Introduce any new or affect existing interlocks or alarms systems?
4. Affect manpower or qualified personnel?
5. Affect the loads/strengths of existing foundations, structures, vessels, or pipe racks?
6. Impact requirements of existing or proposed piping supports?
(Needs to be adequately designed for expected stresses due to pressure and thermal loadings.)
7. Alter the DCS/Software logic of process operations?
8. Affect process chemistry? (reactivity/compatibility)
9. Affect maximum intended inventory, that would require updating maximum inventory tables?
10. Affect safe upper/lower limits for such items as temperature, process flows or compositions?
11. Affect material/energy balances?
12. Affect plant utility resources? (i.e. steam, water, electricity, etc.)
13. Affect equipment with heat-up/cool-down cycling requiring bolt retightening after start-up?
14. Is an exception/revision to design codes or standards (CHEM-GEMS, etc.) required?

YES

NO

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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SECTION G - AFFECTS ON PROCEDURES, TRAINING, AND DOCUMENTATION

Will the Proposed Change:

1. Introduce new or impact existing operational procedures? *
2. Introduce new or impact existing maintenance procedures? *
3. Add or Remove equipment/instrumentation?
(Contact ETA to assign Equipment/Instrumentation Location Numbers. If equipment/instrumentation is being added, MI Applicability Checklist MNT-F-161 shall be completed by MOC originator, and approval form(s) sent to the MI coordinator.)
4. Revise equipment preventative maintenance/ inspections, job plans, and/or frequencies?
5. Require additional training for operational or maintenance personnel?
(requires completion of Learning and Development Job Aid addendum A))
6. Require additional notification for operational or maintenance personnel?
7. Require updating controlled drawings? *
(PFD'S, LDAR, P&ID's, Floor Plans, Electrical Single Lines, Loop Drawings/Electrical Schematics, MCC arrangement, MI Iso Drawings)
8. Require updating equipment files?
(Engineering, Maintenance, Manufacturers Inspect/Test results)
9. Require a spare parts list and inventory to be developed?
10. Require major project spare equipment to be turned over to maintenance?
11. Require equipment labeling in the field?
12. Require updating of Alarm Response Tables? *
13. Require a new/modification of existing energy control plans? *
14. Cause any PSM/RMP applicability issues?
15. Cause a change in PSM/RMP program level?
16. Will this change have any effect on the overall plant facility siting issues?
17. Increase or decrease the impact contour for worst-case scenario by a factor of two or more?
18. Will this MOC supersede /interfere with any other Temporary/Emergency/Permanent MOC's?
19. Is there a need to update the EPS-I-004, Chemical Compatibility Matrix?
20. Is a Layer of Protection Analysis (LOPA) study required?
21. Will this affect the Interlock Matrix?
22. Require updating of electrical energy consumption spreadsheet? Update required for any MCC, CB panel or bus bar connection additions or alterations.
23. Will this change impact Proprietary Technology including product, process, equipment, technical data, or other trade secret information licensed to FHR by third parties" If yes, contact the Proprietary Technology Coordinator.

YES

NO

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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* NOTE: Refer to Engineering Equipment Location Database for a list of affected documents, sorted by Location Number.

List the action(s) to be taken to resolve any issues identified in 'Section F' and 'Section G'

FHRPRU002080

MOC APPROVAL FORM		
Originator: <i>Rich Ploch</i>	MOC No. <i>155225</i>	
MOC Packet Completeness Verification Review		
Title/Position	Verification Review Signatures	Date
Drafting Tech, or Designee	<i>[Signature]</i>	<i>2-3-14</i>
MI Coordinator, or Designee	<i>[Signature]</i>	<i>1-31-14</i>
Maintenance Tech from appropriate area	<i>[Signature]</i>	<i>1-31-14</i>
Operator from affected area	<i>[Signature]</i>	<i>1-31-14</i>
Area Training Contact, or Designee	<i>[Signature]</i>	<i>1-31-14</i>
Signatures required Prior To Implementation of MOC.		
Title/Position	Authorizing Signatures	Date
Area Manager, or Designee (Operations Representative Assignee: _____)	<i>[Signature]</i>	<i>1-31-14</i>
Engineering /Maintenance Manager or Designee (Electrical Engineering Review: _____)	<i>[Signature]</i>	<i>2/4/14</i>
Health and Safety Manager or Designee (PSM Coordinator Review _____)	<i>[Signature]</i>	<i>2-6-14</i>
Operations Manager or Designee	<i>[Signature]</i>	<i>1-31-14</i>
Environment Manager or Designee	<i>[Signature]</i>	<i>2/6/2014</i>
Plant Managers Review (as requested by any of the Authorizing signers)		
Title/Position	Review Signature	Date
Plant Manager or Designee		
VERIFICATION OF MOC CLOSURE		
By signing below:		
1. The Originator of this MOC confirms that all action items have been completed & that equipment/documentation in this change is set to start up.		
2. The Engineering/Maintenance Manager has completed and attached the MOC – Closure Checklist.		
MOC closure requires the Originators Signature, and that of the Engineering/Maintenance Manager		
MOC Originator:		Date: _____
Engineering/ Maintenance Manager:		Date: _____
MANAGEMENT OF CHANGE - CLOSURE CHECKLIST		

This Form **MUST BE** completed by the Engineering/Maintenance Manager, and attached to MOC
Prior to MOC Being Closed By ETA

Originator: Rich Ploch

MOC No. 155225

1. What Type of Management of Change?

<input type="checkbox"/>	Permanent MOC
<input type="checkbox"/>	Emergency MOC
Returned to Original Service?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	Temporary MOC
Returned to Original Service?	
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO

2. PHA completed. (HAZOP, Safety Review, Independent Review)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

3. Documentation included in file or referenced, which verifies affected change has been communicated to all effected parties?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

4. Documentation illustrating changes included in MOC package? (marked-up drawings, etc.)

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

5. Referenced Drawings Updated?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

6. All applicable documentation has been updated to reflect changes?

<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

7. All training has been completed.

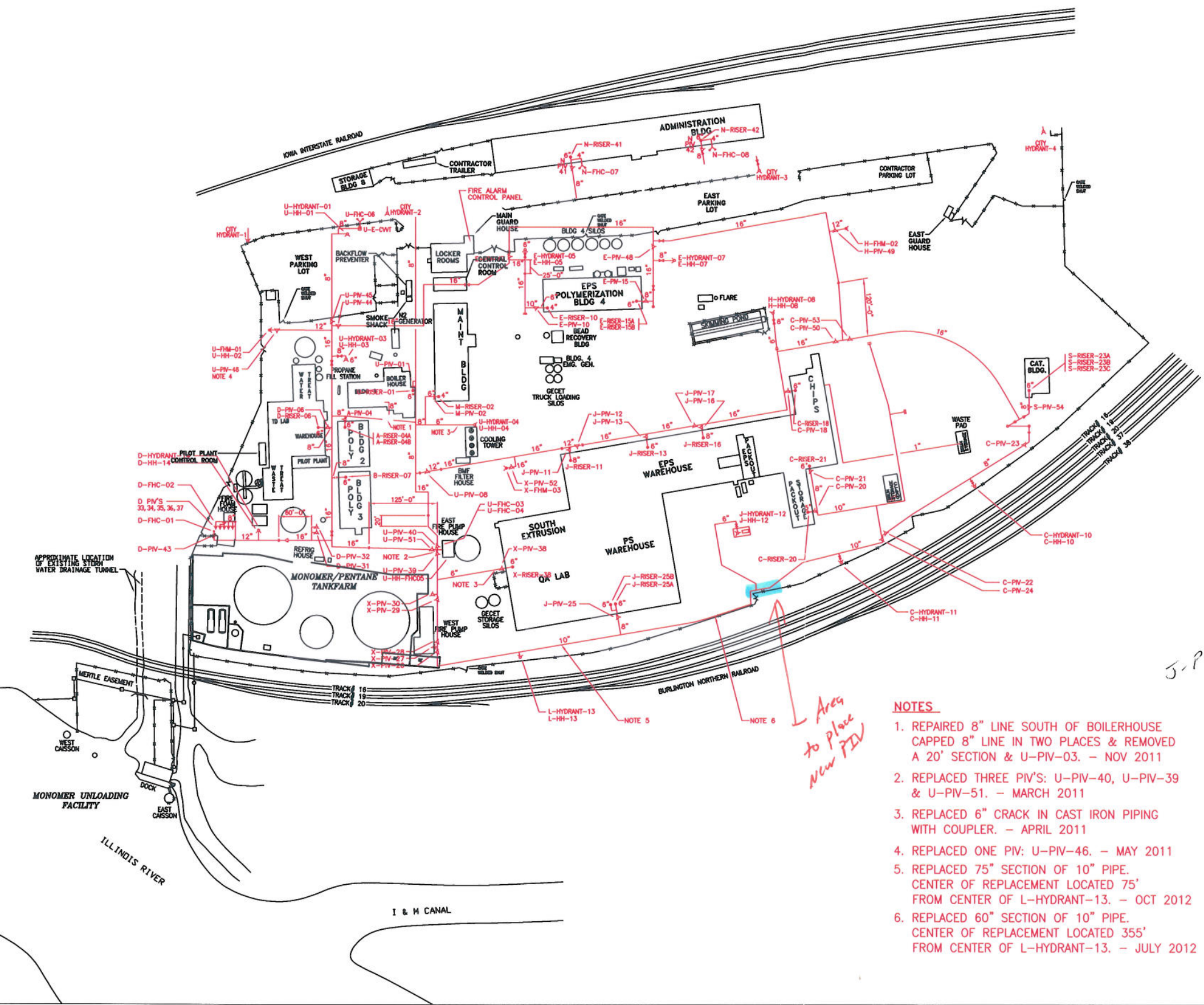
<input type="checkbox"/>	YES
<input type="checkbox"/>	NO
<input type="checkbox"/>	N/A

'Management of Change' Audited By:

Title: _____

Signature: _____

Date: _____



Wednesday, April 16, 2014

Michael Schmidt
Flint Hills Resources
501 Brunner Street
Peru, IL 61354
TEL: (815) 224-5451
FAX: NA

RE: TCLP Metals

PAS WO: 14D0284

Prairie Analytical Systems, Inc. received 1 sample(s) on 4/14/2014 for the analyses presented in the following report.

All applicable quality control procedures met method specific acceptance criteria unless otherwise noted.

This report shall not be reproduced, except in full, without the prior written consent of Prairie Analytical Systems, Inc.

If you have any questions, please feel free to contact me at (217) 753-1148.

Respectfully submitted,



Ana L. Jensen
Project Manager

Certifications: NELAP/NELAC - IL #100323

1210 Capital Airport Drive	*	Springfield, IL 62707	*	1.217.753.1148	*	1.217.753.1152 Fax
9114 Virginia Road Suite #112	*	Lake in the Hills, IL 60156	*	1.847.651.2604	*	1.847.458.0538 Fax

LABORATORY RESULTS

Client: Flint Hills Resources

Project: TCLP Metals

Lab Order: 14D0284

Case Narrative

Sample was taken from a waste pile created from a fire line break on 2/19/2014. The excavated soil was located in the furthest corner from the entrance in the containment area. The waste pile was irregularly shaped and measured approximately 21'x23'x4'. Five samples were taken at random covering all 4 quadrants of the pile and were composited for a final sample.

LABORATORY RESULTS

Client: Flint Hills Resources
Project: TCLP Metals
Client Sample ID: Fire 2/19
Collection Date: 4/14/14 11:18

Lab Order: 14D0284
Lab ID: 14D0284-01
Matrix: Solid

Analyses	Result	Limit	Qual	Units	DF	Date Prepared	Date Analyzed	Method	Analyst
TCLP Metals by ICP-MS									
*Mercury	U	0.000600		mg/L	3	4/15/14 10:35	4/16/14 3:13	SW 6020A	JTC
*Selenium	U	0.0150		mg/L	3	4/15/14 10:35	4/16/14 3:13	SW 6020A	JTC
*Silver	U	0.0150		mg/L	3	4/15/14 10:35	4/16/14 3:13	SW 6020A	JTC
TCLP Metals by ICP									
*Arsenic	U	0.0100		mg/L	1	4/15/14 10:35	4/15/14 17:49	SW 6010B	CEP
*Barium	1.20	0.0500		mg/L	10	4/15/14 10:35	4/16/14 10:56	SW 6010B	CEP
*Cadmium	0.229	0.00500		mg/L	1	4/15/14 10:35	4/15/14 17:49	SW 6010B	CEP
*Chromium	U	0.00500		mg/L	1	4/15/14 10:35	4/15/14 17:49	SW 6010B	CEP
*Lead	0.346	0.00500		mg/L	1	4/15/14 10:35	4/15/14 17:49	SW 6010B	CEP
Conventional Chemistry Parameters									
Percent Solids	88.3	0.100		%	1	4/15/14 12:46	4/16/14 10:01	ASTM D2974	CCD

LABORATORY RESULTS

Client: Flint Hills Resources

Project: TCLP Metals

Lab Order: 14D0284

Notes and Definitions

* NELAC certified compound.

U Analyte not detected (i.e. less than RL or MDL).

Central IL - 1210 Capital Airport Drive - Springfield, IL 62707-8490 - Phone (217) 753-1148 - Facsimile (217) 753-1152
Chicago IL Office - 9114 Virginia Rd., Ste 112 - Lake in the Hills, IL 60156 - Phone (847) 651-2604 - Facsimile (847) 458-9680
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